

Immunization registry news from the American Immunization Registry Association (AIRA)

Issue Number 23**January 25, 2002**

Welcome to SnapShots, the American Immunization Registry Association's newsletter (formerly published by All Kids Count) about the progress, best practices, and accomplishments of immunization registries across the country. We invite you to share news about your registry. Email us: [SnapShots@hln.com] or call us at (212) 676-2325 with information about a successful programmatic or technical innovation, major accomplishment, or milestone that your registry has reached. SnapShots is sent to subscribers every two months by the American Immunization Registry Association (AIRA) and posted on AIRA's web site: www.immregistries.org. Past issues also are available on the All Kids Count web site: <http://www.allkidscount.org>.

Announcement: We have decided to move to quarterly publication of SnapShots, rather than the bimonthly schedule of the past year. We believe this schedule will serve our readers better and we intend to continue providing news of importance and interest to our immunization registry community.

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President's Column

AIRA, on behalf of the Centers for Disease Control and Prevention (CDC) and in collaboration with the Association of Immunization Managers (AIM), recently sent out a survey to immunization program managers and registry managers. The purpose was to gather information about current and potential use of registries to support immunization program core functions. Thanks to the many dedicated managers who took the time to respond (twice due to the database crash!), a wealth of information has been obtained. An analysis of the survey results will soon be posted on the AIRA Web site. In a "nutshell," the results show impressive use of registries currently to enhance program functions and strong interest in expanding registry use.

Our next steps, in follow up to the survey, will be to conduct a focus group at the Immunization Program Managers Annual Meeting to gather more in-depth information on registry use by immunization programs. After the focus group, we will be assisting CDC in forming a national workgroup, the Programmatic Registry Operations Workgroup (PROW). This group will be charged with developing a set of programmatic standards for registries to support program core functions. The first meeting of the PROW will be at the National Immunization Conference (NIC). Should you have ideas for or an interest in this effort, please send your thoughts directly to me at ametroka@health.nyc.gov (Amy Metroka, AIRA President)

Strategic Planning Underway to Achieve Healthy People 2010 Registry Objective

The National Immunization Program (NIP) is committed to achieving the Healthy People 2010 (HP2010) registry objective to increase the proportion of children under 6 years old who participate in fully operational population-based immunization registries to 95%. The Systems Development Branch (SDB) is the NIP focal point for immunization registry activities.

SDB has embarked on a strategic planning process to develop a 3 to 5 year action plan for achieving the immunization registry national objective. The plan is being developed in large part by two groups of stakeholders: a Core Group to draft the plan during two to three meetings in Atlanta; and a Document Review Group to read the draft documents and provide comment. The Core and Document Review Groups represent a broad spectrum of registry stakeholders. Close to 50 people are involved, including NIP staff, registry developers, software vendors, representatives of professional associations (AIRA, All Kids Count [AKC], the American Informatics Association, the Association of Immunization Managers, Every Child by Two [ECBT], and managed care organizations), and staff from government organizations (the Indian Health Service and the Centers for Medicare and Medicaid Services). Because of their extensive experience in strategic planning, Soza and Company, Ltd. has been contracted by NIP to facilitate the planning effort.

Two activities have been conducted to date. In the Fall of 2001, over 20 individuals were interviewed to assess the current capacity at NIP to facilitate HP2010 attainment. Those interviewed included representatives from NIP, as well as from AIRA, AKC, and ECBT. In mid-November 2001, the Core Group met in Atlanta to finalize the strategic planning methodology and to draft mission and vision statements for SDB. The Core Group will meet again in Atlanta in late January 2002 to review the findings from the situational analysis and to draft the strategic plan.

Already, draft mission and vision statements have been posted on a secure website dedicated to this project. All members from the Core and Document Review Groups have been issued passwords and asked to comment on these statements. Similarly, when completed the draft strategic plan will be posted and available for comment by these members.

Because HP2010 success is dependent on the experience, shared vision, and collaboration of all immunization registry partners, the strategic plan, which will encompass all of these factors, will have implications for future registry activities nationwide. Consequently, the process may seem slow and reiterative to participants and others interested in the results. However, your patience, cooperation, and continued enthusiasm for this important project are vital.

If you have questions or suggestions about this strategic planning process, or would like to be involved, please contact Dr. Robb Linkins, Chief, SDB, at rlinkins@cdc.gov or (404) 639-8728. (Source: Robb Linkins, Systems Development Branch, NIP, CDC)

Michigan Learns from Missouri's Experience

The Michigan Immunization registry (MCIR) has achieved remarkable success: 71% of the state's providers use the registry to access up-to-date information on the immunizations of 2.2 million children. But what if they also had access to information about the lead screening status of these children? Or newborn metabolic and hearing screening? Therese Hoyle, MCIR coordinator, attended a site visit to the Missouri Department of Health and Senior Services in October to learn from their experience with a tightly integrated system, MOHSAIC.

The site visit was one of the quarterly meetings sponsored by All Kids Count for its *Connections* community of practice on integrated child health information systems. The goal of the community of practice is to accelerate the learning of its members about how to integrate health information systems through peer-to-peer learning.

Following Therese's return from the Missouri site visit, information systems integration is a hot topic at the Michigan Department of Community Health – it opened the eyes of senior administrators and technical staff alike to new approaches to integrating systems. A study by the Michigan Public Health institute is underway to explore the possibilities.

Staff at the Michigan Department of Community Health will be following up with Missouri staff to enrich their understanding of the technical, administrative and policy issues they will confront as they pursue integrating health information systems.

For more information about MOHSAIC, All Kids Count and *Connections* communities of practice, visit <http://www.allkidscount.org/connections-akc.html>, and click on Site Visits and Meetings. (Source: Terry Hastings, All Kids Count)

Review Shows Use of Reminders Leads to Significant Improvement in Immunization Rates

That Patient Reminder Systems in primary care settings are effective in improving immunization rates was illustrated in an article titled “The Effect of Patient Reminder/Recall Interventions on Immunization Rates: A Critical Review” published in the October 11, 2000, issue of the *Journal of the American Medical Association*. The article, authored by Peter G. Szilagyi, MD, MPH, et al, illustrates how, with the increasing complexity of immunization schedules and the difficulty of remembering this schedule, it now falls on the primary care provider to ensure that immunizations are received in a timely fashion.

As noted in the study, reminder/recall systems were not widely used by primary care physicians at the time of this research. This study involved a systematic review of the literature for reminder/recall intervention studies that met strict methodological criteria. Of 41 studies reviewed, 80% found significant improvements in immunization rates, with improvements ranging from 5-20 percentage points. Reminders were found effective for childhood and adult vaccines. Also, all types of reminders were found effective (postcards, letters and telephone or autodialer calls).

Although none of these studies involved immunization registries, this article is another indication of how Immunization Registries with reminder capabilities could have a positive impact on any practice using these features. Making this functionality available to offices that may not have had access to it in the past can only have a positive impact on immunization rates for our children. Reference for the article is: Szilagyi PG, Bordley C, Vann JC, Chelminski A, Kraus RM, Margolis PA, Rodewald LE. The Effect of Patient Reminder/Recall Interventions on Immunization Rates: A Critical Review. *Journal of the American Medical Association (JAMA)* 2000;284:1820-1827.

(Source: Peter Szilagyi, University of Rochester School of Medicine and Dentistry, Katie Reed, SnapShots staff.)

Every Child By Two Continues to Build Support for Immunization Registries

In the past year, Every Child By Two (ECBT) sent letters to all governors to increase awareness and understanding of the immunization program and immunization registries. “We are writing to all the governors to enlist support for their state’s immunization program and particularly their state’s immunization registry, the computerized tracking system. Immunization registries are indispensable tools for monitoring the ever-increasing number of important vaccinations a child must receive by age two. Presently the schedule has expanded to include 20 recommended shots in most states. The schedule is complicated, and health care providers and parents have difficulty tracking children’s histories. Registries can generate up-to-date records; they can track vaccine inventories, identify under-immunized populations and allow providers to share information. They cut down on administration and eliminate over-immunizing.” These letters were not meant to elicit responses, however many governors responded and showed engagement and understanding of the registries.

On November 27th a hearing on the readiness of the National Immunization Program for handling “new public health challenges” was held by the Senate Health, Education, Labor and Pensions Committee. Betty Bumpers, co-founder of ECBT, testified for the organization. (To view testimony, please go to <http://www.wwcvt.org/Bumpers.html>.) As part of her remarks, Mrs. Bumpers expressed concerns “about the fits and starts in developing statewide immunization registry systems. Since registries have proven

themselves so useful in aiding in immunizations, why has it taken so long and cost so much to develop a system that is so uneven?" Bumpers seeks more accountability and suggests one way to achieve it is to "tie state grant funding to evidence of progress. That way CDC, Congress and the public can rest assured that we are not throwing good money after bad." For additional information check out the November/December 2001 edition of *On The Hill*. It can be found on <http://www.ecbt.org>. (Source: Carol Ruppel, ECBT, and Katie Reed, SnapShots staff)

Upcoming Conferences

Note: You can find links to information on the following conferences and others at: centerforinnovation.org/events.html.

- 36th National Immunization Conference
April 29-May 2, 2002
Denver, Colorado
- American Medical Informatics Association
AMIA 2002 Spring Congress
May 20-22, 2002
Scottsdale, Arizona
- 2002 Immunization Registry Conference
October 28-30, 2002
Philadelphia, Pennsylvania

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COMMENTS, PROBLEMS, OR QUESTIONS, PLEASE CONTACT US AT:

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